DEC 0.4 2006

PTO/SB/22 (07-06)

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| Uncome Paperwork Reduction Act of 1995, no persons are required to                                                                                  |                             |                                          |                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|-----------------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005                                                                                        |                             | Docket Number (Optional) B0801.70238US00 |                                   |  |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                           |                             |                                          |                                   |  |
| Application Number 10/017,905-Conf. #                                                                                                               | 7653                        | Filed                                    | December 14, 2001                 |  |
| For INFLAMMATORY MARKERS AS TOOLS IN TH                                                                                                             | HE DETECTION /              | AND PREVENTI                             | ON OF(RIDKER)                     |  |
| Art Unit 1644                                                                                                                                       |                             | Examiner                                 | Ewoldt, Gerald R.                 |  |
| This is a request under the provisions of 37 CFR 1.136 identified application.                                                                      |                             |                                          |                                   |  |
| The requested extension and fee are as follows (check                                                                                               | time period desi            | red and enter the                        | appropriate fee below):           |  |
|                                                                                                                                                     | <u>Fee</u>                  | Small Entity F                           |                                   |  |
| X One month (37 CFR 1.17(a)(1))                                                                                                                     | \$120                       | \$60                                     | \$ 120.00                         |  |
| Two months (37 CFR 1.17(a)(2))                                                                                                                      | \$450                       | \$225                                    | \$                                |  |
| Three months (37 CFR 1.17(a)(3))                                                                                                                    | \$1020                      | \$510                                    | \$                                |  |
| Four months (37 CFR 1.17(a)(4))                                                                                                                     | \$1590                      | \$795                                    | \$                                |  |
| Five months (37 CFR 1.17(a)(5))                                                                                                                     | \$2160                      | \$1080                                   | \$                                |  |
| Applicant claims small entity status. See 37 CF                                                                                                     | R 1.27.                     |                                          |                                   |  |
| X A check in the amount of the fee is enclosed.                                                                                                     |                             |                                          |                                   |  |
| Payment by credit card. Form PTO-2038 is atta                                                                                                       | ached                       |                                          |                                   |  |
|                                                                                                                                                     |                             |                                          |                                   |  |
| The Director has already been authorized to cha                                                                                                     | arge tees in this a         | ipplication to a D                       | eposit Account.                   |  |
| X The Director is hereby authorized to charge any                                                                                                   |                             |                                          |                                   |  |
| Deposit Account Number 23/2825                                                                                                                      | I have enclo                | sed a duplicate                          | copy of this sheet.               |  |
|                                                                                                                                                     |                             |                                          |                                   |  |
| I am the applicant/inventor.                                                                                                                        |                             |                                          |                                   |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                           |                             |                                          |                                   |  |
| x attorney or agent of record. Re                                                                                                                   |                             |                                          |                                   |  |
|                                                                                                                                                     |                             |                                          |                                   |  |
| attorney or agent under 37 CFR Registration number if acting und                                                                                    |                             |                                          | _                                 |  |
| AHACIBIL                                                                                                                                            |                             | Man                                      |                                   |  |
| Signature                                                                                                                                           |                             | INOVE                                    | ember 29, 2006<br>Date            |  |
| Roque El-Hayek                                                                                                                                      |                             | (617) 646-8000                           |                                   |  |
| Typed or printed name                                                                                                                               |                             | Telephone Number                         |                                   |  |
| NOTE: Signatures of all the inventors or assignees of record of the ent than one signature is required, see below.                                  | ire interest or their repre | sentative(s) are require                 | ed. Submit multiple forms if more |  |
| Total of 1 forms are submitted                                                                                                                      | <b>i</b> . ;                | 12/05/2006 NNGIIY                        | EN1 00000039 10017905             |  |
|                                                                                                                                                     |                             | 01 FC:1251                               | 120.00 OF                         |  |
|                                                                                                                                                     |                             |                                          | 1CA.90 Ob                         |  |
| I hereby certify that this paper (along with any paper referred to as be<br>the date shown below with sufficient postage as First Class Mail, in al |                             | ed) is being deposited                   |                                   |  |
| Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Dated: ///29/06 Signature:                                                                      | Tommer                      | , _                                      | nmerstadt)                        |  |
|                                                                                                                                                     |                             | ,                                        | •                                 |  |

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE he Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. 10/017,905-Conf. #7653 rsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** December 14, 2001 RANSMITTAL Filing Date Paul Ridker First Named Inventor For FY 2005 Ewoldt, Gerald R. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit B0801.70238US00 TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): x Check Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 200 100 100 50 130 65 Design 300 80 Plant 200 100 150 160 Reissue 300 150 500 250 600 300 200 100 0 0 0 Provisional 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee (\$) Fee Paid (\$) Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x - 100 = /50 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 120.00 Other (e.g., late filing surcharge): 1251 Extension for response within first month SUBMITTED BY Registration No. (Attorney/Agent) 55,151 Telephone (617) 646-8000 Signature Name (Print/Type) Roque El-Hayek Date November 29, 2006

| Certificate of Mailing Under 37 CFR 1.8(a)  I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service or the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for | ŀ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Patents, P.O. Box 1450, Alexandria, VA 22313-1450.                                                                                                                                                                                                                                                                                    |   |
|                                                                                                                                                                                                                                                                                                                                       |   |
| Dated: 11/29/06 Signature: Journels (Irene Gommerstadt)                                                                                                                                                                                                                                                                               |   |
|                                                                                                                                                                                                                                                                                                                                       |   |